

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	PK		10/20/97

**BEST AVAILABLE COPY****INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	2 10 3 9 10/17
Original	25 12 1 14 23 8
	199 99 200 201 202 03
1	✓ ✓ ✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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